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Fill in this information to identify your case:					
United States Bankruptcy Court for the:					
Northern District of: Illinois (State)	<u></u>				
Case number (if known)	Chapter you are filing under:				
	Chapter 7				
	Chapter 11 Chapter 12				
	Chapter 13				

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself	r	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Erika	
		First name	First name
	Write the name that is on	_ L.	
	your government-issued picture identification (for	Middle name	Middle name
	example, your driver's	Shaffer	
	license or passport	Last name	Last name
	Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Erika	
	have used in the	First name	First name
	last 8 years		
	Include your married or	Middle name	Middle name
	maiden names.	Neal	
		Last name	Last name
		Erika First name	First name
		First name	riist name
		Middle name	Middle name
		Iturbe	
		Last name	Last name
3.	Only the last 4 digits of your	XXX - XX- <u>4802</u>	xxx - xx-
	Social Security number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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Debtor 1 Erika First Name	L. Middle Name	Shaffer Last Name	Case number (if known)	_
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case	:):
4. Any business names and Employer	✓ I have not used any busin	ness names or EINs.	I have not used any business names or EINs.	
Identification Numbers (EIN) you have used in the	Business name		Business name	
last 8 years	Business name		Business name	
Include trade names and doing business as names	EIN		EIN	
	EIN		EIN	
5. Where you live	2841 N. Pine Street		If Debtor 2 lives at a different address:	
	Number Street		Number Street	
	Waukegan Illinois	60087		
	City State  Lake	Zip Code	City State Zip Code	
	County		County	—
		ifferent from the one above, urt will send any notices to you at	If Debtor 2's mailing address is different from yours, fill i	
	Number Street		Number Street	
	City State	e Zip Code	City State 7in Code	
6. Why you are		Zip Code	City State Zip Code	_
choosing this	Check one:		Check one:	
district to file for bankruptcy		efore filing this petition, I have or than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
	I have another reason. E.	xplain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.	.)
			_	

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Debtor 1 Erika First Name	L. Middle Name	Shaffer Last Name	Case number (if known)				
Part 2: Tell the Court About Your Bankruptcy Case							
7. The chapter of the Bankruptcy Code you are choosing to file under		scription of each, see <i>Notice Required</i> and of page 1 and check the appropriate bo		ividuals Filing for Bankruptcy (Form			
8. How you will pay the fee	<ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul>						
9. Have you filed for bankruptcy within the last 8 years?	Ves. District District District	WhenWhenWhen	Case nur  MM / DD / YYYY  Case nur  MM / DD / YYYY  Case nur	mber			
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District	When When	Relations  Case nur  MM / DD / YYYY  Relations	ship to you nber, if knownship to you nber, if known			
11. Do you rent your residence?	✓ No. Go to	rd obtained an eviction judgment against line 12. ut <i>Initial Statement About an Eviction Jud</i> ankruptcy petition.					

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Debtor 1 Erika		L.		Shaffer	Case number (if known)		
First Name				Last Name			
Part 3: Report About An	y Bus	sinesse	es You Own as a S	Sole Proprietor			
12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more		No.	Go to Part 4.  Name and location of b  Name of business, if an  Number  City	ousiness ny Street	State	Zip Code	_ _ _
than one sole proprietorship, use a separate sheet and attach it to this petition.			Single Asset Re Stockbroker (as	siness (as defined in eal Estate (as defined defined in 11 U.S.C. ker (as defined in 11	11 U.S.C. § 101(27A)) d in 11 U.S.C. § 101(51B)) § 101(53A))		
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	Chapter 11 of the  Bankruptcy Code and are you a small  deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in U.S.C. § 11 16(1)(B).			nt of			
For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No. No. Yes.	Bankruptcy Code.	er 11, but I am NOT	a small business debtor accor	rding to the definition in the	y Code.
Part 4: Report if You Ow	n or	Have A	Any Hazardous Pro	operty or Any P	roperty That Needs Im	mediate Attention	
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard  If immediate attention is needed, why is it needed?							
to public health or safety? Or do you own any property that needs immediate attention?		,	Where is the property?	Number	Street		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				City	State	Zip Code	

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Debtor 1 Erika L. Shaffer Case number (if known)

#### First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of credit counseling with the court. credit counseling with the court.

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Debtor 1 Erika First Name		Shaffer Case number (if known Last Name	1)		
	uestions for Reporting Purpo				
16. What kind of debts do you have?	16a. Are your debts primaril 101(8) as "incurred by ar  ☐ No. Go to line 16b. ☐ Yes. Go to line 17.  16b. Are your debts primaril obtain money for a busin investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17.	ly consumer debts? Consumer debts in individual primarily for a personal, fail by business debts? Business debts at ness or investment or through the operation of the consumer debts of the consumer debts.	mily, or household purpose."  re debts that you incurred to ation of the business or		
		er 7. Go to line 18.  Do you estimate that after any exempt property is able to distribute to unsecured creditors?	excluded and administrative expenses are		
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Part 7: Sign Below					
For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  //s/Erika Shaffer Signature of Debtor 1  Executed on				

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Debtor 1	Erika	L.	Shaffer	Case number (	(if known)
	First Name	Middle Name	Last Name		
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not		eligibility to proceed un the relief available und to the debtor(s) the not	der Chapter 7, 11, 7 ler each chapter for tice required by 11 L	12, or 13 of title 11, U which the person is o J.S.C. § 342(b) and, in	hat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered n a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the
	file this page.	/s/ Nathan Delman		Date	10/18/2016
	mo uno pago.	Signature of Attorney	for Debtor	Date	MM / DD / YYYY
		Nathan Delman Printed name  Semrad Law Firm Firm name  5101 Washington Stre Street Unit 29	et		
		Gurnee		Illinois	60031
		City		State	Zip Code
		Contact phone	3124473700	Email address	ndelman@semradlaw.com
		6296205		Illing	ois
		Bar number		State	e

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Fill in this information to identify your case:					
Debtor 1	Erika	L.	Shaffer		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)		
Case number (If known)			(State)		

Check if this is ar
amended filing

12/15

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	<b>Your assets</b> Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$11,700.00
1c. Copy line 63, Total of all property on Schedule A/B	\$11,700.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$11,483.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$15,519.00
Your total liabilities	\$27,002.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$3,786.85
Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J	\$3,780.00

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Deb	otor 1 Erika	L.	Shaffer	Case number (if known)	
	First Name	Middle Name	Last Name		
Part	4: Answer These Qu	uestions for Administr	ative and Statistical Red	cords	
6. <b>A</b>	re you filing for bankrupto	ey under Chapters 7, 11, or	13?		
	No. You have nothing to	report on this part of the form.	Check this box and submit this	form to the court with your other schedules.	
	✓ Yes.				
7. <b>W</b>	/hat kind of debt do you	have?			
[		-	ner debts are those incurred by out lines 8-10 for statistical purp	an individual primarily for a personal, oses. 28 U.S.C. § 159.	
[	Your debts are not pri this form to the court with		u have nothing to report on this p	art of the form. Check this box and submit	
		our Current Monthly Incom form 122B Line 11; OR, Form	ne: Copy your total current month	nly income from Official	\$4,509.49
9.	Copy the following spec	ial categories of claims from	m Part 4, line 6 of Schedule E	/F:	
	From Part 4 on Schedule	E/F, copy the following:		Total claim	
	9a. Domestic support oblig	ations (Copy line 6a.)		\$0.00	
	9b. Taxes and certain other	debts you owe the government	nt. (Copy line 6b.)	\$0.00	
	9c. Claims for death or per	sonal injury while you were int	toxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy lin	ne 6f.)		\$14,338.00	
	9e. Obligations arising out priority claims. (Copy line		divorce that you did not report a	\$0.00	
		fit-sharing plans, and other si	milar debts. (Copy line 6h.)	\$0.00	
	Qa <b>Total</b> Add lines 9a thr	ouah 9f		\$14 229 00	

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Fill in this	information to identify your cas	se:		
Debtor 1	Erika	L.	Shaffer	
	First Name	Middle Name	Last Name	
Debtor 2	if filing) First Name	Middle Name	Last Name	
(Opouoo, I	" '''''9/ Filst Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	Northern	District of Illinois (State)	
Case num	nber		(State)	
,	al Form 106A/B			Check if this is an
				amended filing
Sche	dule A/B: Prop	erty		1
Part 1:	u own or have any legal or ed No. Go to Part 2	nce, Building, Land, o	etion.  or Other Real Estate You Own idence, building, land, or similar pro	
	Yes. Where is the property?			
1.1	Street address, if available, o	r other description Single Dup	s the property? Check all that apply. gle-family home blex or multi-unit building indominium or cooperative nufactured or mobile home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Creditors Who Have Claims Secured by Propen Current value of the entire property?  Current value of the portion you own?
	Number Street  City State	Inve	estment property neshare ner	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
		one. Det	as an interest in the property? Checo otor 1 only otor 2 only otor 1 and Debtor 2 only east one of the debtors and another	Check if this is community property (see instructions)
		Other i	nformation you wish to add about the to the title to the to the title	is item, such as local
If you	own or have more than one, list	• •	· · · · · · · · · · · · · · · · · · ·	
1.2	Street address, if available, o	r other description	s the property? Check all that apply. gle-family home blex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Creditors Who Have Claims Secured by Propen
		Cor	ndominium or cooperative nufactured or mobile home	Current value of the entire property? Current value of the portion you own?
	Number Street	<u> </u>	d estment property eshare	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	City State	Zip Code		une enuneues, or a life estate), it known.

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 and Debtor 2 only

property identification number:

Debtor 1 only Debtor 2 only

Who has an interest in the property? Check

At least one of the debtors and another

Other information you wish to add about this item, such as local

Check if this is community property (see instructions)

City

State

Zip Code

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Debtor 1	Erika First Name	L. Middle Name	Shaffer Last Name	Case number	(if known)	
1.3 Stre	et address, if available, or oth	[	What is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	oly.	Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?	·
Nun City	Street State	Zip Code	Investment property Timeshare Other		Describe the nature of interest (such as fee si the entireties, or a life	mple, tenancy by
		[ [ [ ]	Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another other information you wish to add about 1 on the control of the debtors and another other information you wish to add about 1 on the control of the debtors and another other information you wish to add about 1 on the control of the debtors and another other information you wish to add about 1 on the control of the contro		Check if this is con (see instructions)	mmunity property
		ion you own for a	roperty identification number:  Il of your entries from Part 1, includin e			
<b>Do you ov</b> you own th	at someone else drives. If you ns, trucks, tractors, sport utilit	equitable interest in lease a vehicle, als	n any vehicles, whether they are regis o report it on Schedule G: Executory Con cles			
	Make Model: Year:	Ford Taurus 2011	Who has an interest in the proper one.  Debtor 1 only	ty? Check		laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
	Approximate mileage: Other information:	50000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this is community pro		Current value of the entire property? \$10950.00	Current value of the portion you own? \$10950.00
3.2	Make Model: Year: Approximate mileage:		Who has an interest in the proper one.  Debtor 1 only Debtor 2 only	ty? Check	· ·	laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the
	Other information:		Debtor 1 and Debtor 2 only  At least one of the debtors and and Check if this is community pro instructions)		entire property?	portion you own?

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3.3 M M Y	Make  Model: Year:  Approximate mileage:	Middle Name  Last Name  Who has an interest in the property? CF  one.		claims or exemptions. Put ured claims on Schedule D:
N Y A	Model:	one.		•
Υ	Year:		the amount of any sect	iteu cialitis on <i>scriedule D:</i>
Δ			Creditors Who Have C	Claims Secured by Property.
		Debtor 1 only	Orcanois vino riave c	ланно осситси ву 1 торску.
	Other information:	Debtor 2 only  Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information.	At least one of the debtors and another	——————————————————————————————————————	——————————————————————————————————————
			lana	
L		Check if this is community property instructions)	(see	
	Make	Who has an interest in the property? Ch		claims or exemptions. Put
	Model:	one.		red claims on Schedule D: Claims Secured by Property.
	Year: Approximate mileage:	Debtor 1 only	Creditors Who have C	ланто зеситей бу гторену.
	·· -	Debtor 2 only	Current value of the	
C	Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		At least one of the debtors and another	<del></del>	
		Check if this is community property instructions)	(see	
	⁄es Make	Who has an interest in the property? Ch	neck Do not deduct secured	claims or exemptions. Put
	Make Model:	wno nas an interest in the property? Cr		red claims on <i>Schedule D:</i>
	Year:	Debtor 1 only		Claims Secured by Property.
P	Approximate mileage:	Debtor 2 only	Command oralize of the	Comment value of the
C	Other information:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Ī	Culor illionnation.	At least one of the debtors and another		
		Check if this is community property	(800	
		instructions)	(300	
4.2 N	Make	Who has an interest in the property? Ch	neck Do not deduct secured	claims or exemptions. Put
	Model:	one.	•	ured claims on Schedule D:
	Year:	Debtor 1 only	Creditors Who Have C	Claims Secured by Property.
Д	Approximate mileage:	Debtor 2 only	Current value of the	Current value of the
Ċ	Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		At least one of the debtors and another		<del></del>
		Check if this is community property instructions)	(see	

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D	ebtor 1			L.	Shaffer	Case number (if known)	
		First Name		Middle Name	Last Name		
Pa	art 3:	Describe `	Your Personal a	and Household It	tems		
D	o you	u own or h	ave any legal o	r equitable inter	est in any of the	following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Examp		s and furnishings oliances, furniture, lin	nens, china, kitchenwar	re		
	No Yes. I	Describe					
		tronics					
<b>✓</b>	Examp No	oles: Television	is and radios; audio,	video, stereo, and digi	tal equipment; compute	ers, printers, scanners; music	
	Yes.	Describe					
		•	and figurines; paintir	•	work; books, pictures, o	•	
$\overline{\mathbf{x}}$	No						
L	Yes.	Describe					
		oles: Sports, pl	ports and hobbies hotographic, exercise ks; carpentry tools; m		ipment; bicycles, pool t	ables, golf clubs, skis; canoes	-
✓	No						_
	Yes. I	Describe					
			fles, shotguns, ammo	unition, and related equ	uipment		
¥	No	Describe					7
	165.1	Describe					
			clothes, furs, leather	r coats, designer wear,	shoes, accessories		
닏	No						
⊻	Yes.	Describe	Used Clothing				\$300.00
	_			elry, engagement rings	s, wedding rings, heirlo	om jewelry, watches, gems,	
¥	No Vos I	Describe					1
_	•	n-farm anima	le .				
			ts, birds, horses				
$\overline{\mathbf{Z}}$							
Ĺ	Yes.	Describe					
	-	other perso	nal and household	items you did not all	ready list, including a	ny health aids you did not list	_
¥	No Voc	Docariba					7
Ш	res.	Describe					
					cluding any entries f	or pages you have attached	\$300.00

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Deb	tor 1	Erika	L.	Shaffer	Case number (if known)	
		First Name	Middle Name	Last Name		
Part	4:	Describe Your I	inancial Assets			
Do	you	own or have a	ny legal or equitable int	erest in any of the f	ollowing?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Cash					
E	xamp	ples: Money you have No	e in your wallet, in your home, in a	safe deposit box, and on ha	nd when you file your petition	
		Yes			Cash:	
17.	Exa		vings, or other financial accounts titutions. If you have multiple acc		ares in credit unions, brokerage houses, ion, list each.	
	<b>□</b>	No Yes		Institution name:		
			17.1. Checking account:	Navy Federal		\$400.00
			17.2. Checking account:			
			17.3. Savings account:	Navy Federal		\$50.00
			17.4. Savings account:			
			17.5. Certificates of deposit:			_
			17.6. Other financial account:			
			17.7. Other financial account:			
			17.8. Other financial account:			
			17.9. Other financial account:			
18.			or publicly traded stocks evestment accounts with brokerag	ue firms, money market acco	ounts	
	<b>✓</b>	No		,,,		
		Yes	Institution or issuer name:			
19.	Non	-nublicly traded st	ock and interests in incorner	ated and unincorporated	businesses, including an interest in	
13.	an L	LC, partnership, a		ated and difficorporated	businesses, including an interest in	
		No	Name of entity		% of ownership:	
		Yes. Give specific information about	Tallo of office		70 of ownorship.	
		them				

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Deb	tor 1	Erika	L.	Shaffer	Case number (if known)	
		First Name	Middle Name	Last Name		
20.	Neg	gotiable instruments ir	orate bonds and other negotia iclude personal checks, cashiers' ints are those you cannot transfer	checks, promissory notes,	and money orders.	
		Yes. Give specific information about them	Issuer name:			
21.	Exa			, thrift savings accounts, o	r other pension or profit-sharing plans	
		No	Type of account:	Institution name:		
	Ш	Yes. List each account	401(k) or similar plan:			
		separately.	Pension plan:			
			IRA:			
			Retirement account:			
			Keogh:			
			Additional account:			
			Additional account:			
22.	You Exa	curity deposits and programmer of all unused of all unused of all unused of all unused of an armonies. Agreements with a panies, or others	orepayments deposits you have made so that yo with landlords, prepaid rent, public	u may continue service or use utilities (electric, gas, wat	use from a company er), telecommunications	
		Yes	Electric:			
			Gas:			
			Heating oil:			
			Security deposit on rental unit:			
			Prepaid rent:			
			Telephone:			
			Water:			
			Rented furniture:			
			Other:	-		
23.	Anr	nuities (A contract for	a periodic payment of money to y	ou, either for life or for a nu	umber of years)	
		No Yes	Issuer name and description:			

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Debti	or 1 Erika First Name	Middle Name	Shaffer Last Name	Case number (if known)	-
24.		n IRA, in an account in a qu		er a qualified state tuition program	
	<b>✓</b> No		ely file the records of any interests	s.11 U.S.C. § 521(c):	
25.	Trusts, equitable or futu	re interests in property (oth	ner than anything listed in line	1), and rights or powers	
	exercisable for your benderation				
	Yes. Describe				
26.		demarks, trade secrets, and a names, websites, proceeds fro	other intellectual property om royalties and licensing agree	ments	
	✓ No				7
	Yes. Describe				
27.		nd other general intangibles s, exclusive licenses, cooperat	tive association holdings, liquor l	licenses, professional licenses	
	✓ No  Yes. Describe				7
Mon	ney or property owed	I to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you				
	<b>✓</b> No				
	Yes. Give specific infor			Federal:	\$0.00
	Yes. Give specific infor about them, incluyou already filed t	ding whether the returns		Federal: State:	\$0.00 \$0.00
	Yes. Give specific infor about them, incluyou already filed the tax years.	ding whether the returns			·
	Yes. Give specific infor about them, incluyou already filed tand the tax years.  Family support  Examples: Past due or lump	ding whether the returns	t, child support, maintenance, div	State:	\$0.00
	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump	ding whether the returns  s sum alimony, spousal support	t, child support, maintenance, div	State: Local:	\$0.00
	Yes. Give specific infor about them, incluyou already filed tand the tax years.  Family support  Examples: Past due or lump	ding whether the returns  s sum alimony, spousal support	t, child support, maintenance, dive	State: Local: orce settlement, property settlement	\$0.00 \$0.00
	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump  No	ding whether the returns  s sum alimony, spousal support	t, child support, maintenance, div	State: Local: orce settlement, property settlement Alimony:	\$0.00 \$0.00 \$0.00
	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump  No	ding whether the returns  s sum alimony, spousal support	t, child support, maintenance, div	State: Local:  Orce settlement, property settlement  Alimony:  Maintenance:	\$0.00 \$0.00 \$0.00 \$0.00
	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump  No  Yes. Give specific infor	ding whether the returns	t, child support, maintenance, div	State: Local:  Orce settlement, property settlement  Alimony: Maintenance: Support:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
30.	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump  No  Yes. Give specific infor  Other amounts someone  Examples: Unpaid wages, or	ding whether the returns  by sum alimony, spousal support symmetrion	disability benefits, sick pay, vacati	State: Local:  Orce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
30.	Yes. Give specific infor about them, incluyou already filed to and the tax years.  Family support  Examples: Past due or lump  No  Yes. Give specific infor  Other amounts someone  Examples: Unpaid wages, or	ding whether the returns	disability benefits, sick pay, vacati	State: Local:  Orce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
30.	Yes. Give specific infor about them, including your already filed to and the tax years.  Family support  Examples: Past due or lumport  No  Yes. Give specific infort  Other amounts someone  Examples: Unpaid wages, or Social Security by	ding whether the returns  by sum alimony, spousal support symmetrion	disability benefits, sick pay, vacati	State: Local:  Orce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Erika	L. Shaffer	Case number (if known)	
	First Name	Middle Name Last Name		
31.	Interests in insurance policies			
	Examples: Health, disability, or life insu	urance; health savings account (HSA); credit,	homeowner's, or renter's insurance	
	<b>✓</b> No			
		Company name:	Beneficiary:	Surrender or refund value:
	Yes. Name the insurance company	y	•	
	of each policy and list its value			
		·		
				<del>-</del>
32.	Any interest in property that is due		a early	
		st, expect proceeds from a life insurance policy	, or are currently entitled to receive	
	property because someone has died.			
	<b>✓</b> No			
	Yes. Describe			
	res. Describe			
33.		er or not you have filed a lawsuit or made	a demand for payment	
	Examples: Accidents, employment dis	outes, insurance claims, or rights to sue		
	<b>✓</b> No			
	Yes. Describe			
١				
34.		claims of every nature, including counter	rclaims of the debtor and rights	
	to set off claims			
	<b>✓</b> No			
	Yes. Describe			
0.5	A C	- de Par		
35.	Any financial assets you did not alre	eady list		
	<b>✓</b> No			
	Yes. Describe			
	res. Describe			
36	Add the dollar value of all of your e	entries from Part 4, including any entries fo	or nages you have attached	
00.	-			\$450.00
Part	5: Describe Any Business-R	Related Property You Own or Have	an Interest In. List any real estate	in Part 1.
37.	Do you own or have any legal or eq	uitable interest in any business-related pro		
	✓ No. Go to Part 6.			Current value of the
	Yes. Go to line 38.			portion you own?
	Tes. Go to line 36.			Do not deduct secured claims
				or exemptions
38.	Accounts receivable or commission	ns you already earned		
	<b>✓</b> No			
	Yes. Describe			
	<del></del>			
39.	Office equipment, furnishings, and			
	Examples: Business-related computer	s, software, modems, printers, copiers, fax ma	chines, rugs, telephones, desks, chairs, electro	onic devices
	✓ No			
	Yes. Describe			

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Deb	tor 1	Erika	L.	Shaffer	Case number (if known)	_
40.	Mar	First Name	Middle Name	Last Name use in business, and tools of	of your trade	
40.		No	uipinent, supplies you	use in business, and tools t	n your trade	
	넴	Yes. Describe				
	ш	res. Bescribe				
41.		entory				
	뇓	No				
	Ш	Yes. Describe				
	-					
42.		-	ips or joint ventures			
	<b>✓</b>	No		Name of entity:	% of ownership:	
		Yes. Give specific		ramo or orany.	/c c. cp.	
		information about them				
43. <b>(</b>	Custo	omer lists, mailing	lists, or other compila	ions		
	<b>✓</b>	No				
		Yes. Do your lists in	clude personally identifia	ole information (as defined in 1	1 U.S.C. § 101(41A))?	
		☐ No				
		Yes. Descr	ribe			
44.	Anv	/ business-related r	property you did not alr	eadv list		
	_	No	,,,	,		
	Ħ	Yes. Give specific		-		
		information		-		
				-		
				-		
45. A	dd th	he dollar value of a	II of your entries from I	Part 5, including any entries	for pages you have attached	
Part	6:	Describe Any F If you own or have ar	Farm- and Commer	cial Fishing-Related Pr	roperty You Own or Have an Interes	st In.
46.	Do	you own or have a	ny legal or equitable in	terest in any farm- or comme	ercial fishing-related property?	
	V	No. Go to Part 7.				Current value of the
	Ī	Yes. Go to line 47.				portion you own?  Do not deduct secured
						claims
47	<b>5</b>	m animals				or exemptions
47.			ultry, farm-raised fish			
	V	No				
		Yes. Describe				
	_					

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Debt	tor 1 Erika	L.	Shaffer	Case number (if known)	
40	First Name	Middle Name	Last Name		
48.	Crops-either growing	or narvested			
	✓ No				
	Yes. Describe				
49.	Farm and fishing equip	pment, implements, machinery, fixt	ures, and tools of trade	•	
	✓ No				
	Yes. Describe				
	_				
<b>5</b> 0	Farm and fishing a comm	lies showingle and food			
50.	_	lies, chemicals, and feed			
	✓ No				
	Yes. Describe				
51.	Any farm- and commer	rcial fishing-related property you di	d not already list		
	✓ No				
	Yes. Describe				
		<del></del>		Γ	
		l of your entries from Part 6, includ here			
				L	
Dort	7. Doscribo All Br	operty You Own or Have an I	ntorest in That You	Did Not List Abovo	
Part 53.		perty fou Own of Have an i		Did Not Elst Above	
55.		s, country club membership	y not:		
	✓ No				1
	Yes. Give specific				<u> </u>
	information				·
54. A	dd the dollar value of al	of your entries from Part 7. Write t	hat number here	<b>&gt;</b>	
Part	8: List the Totals	of Each Part of this Form			
				_	
55. <b>F</b>	art 1: Total real estate,	line 2			<del></del>
56. <b>p</b>	part 2 total vehicles, line	5	\$10950.00		
		d household items, line 15		<del>_</del>	
	-		\$300.00	_	
58. <b>P</b>	art 4: Total financial ass	ets, line 36	\$450.00	<u> </u>	
59. <b>F</b>	Part 5: Total business-re	elated property, line 45		<u>_</u>	
60. <b>F</b>	Part 6: Total farm- and fi	shing-related property, line 52			
61. <b>F</b>	Part 7: Total other prope	erty not listed, line 54		<u> </u>	
		Add lines 56 through 61			
∪∠. <b>I</b>	otai personai property.	Aug III les 50 ti II ough 61	\$11700.00	Copy personal property total ►	+ \$11700.00
			<u> </u>		
62 <b>T</b>	otal of all property as C	chadula A/R Add lina EE + lina CO			\$11700.00
UJ. I	otal of all property of 3	chedule A/B. Add line 55 + line 62			

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Fill in this information to identify your case:						
Debtor 1	Erika First Name	L. Middle Name	Shaffer Last Name			
Debtor 2 (Spouse, if fil	ing) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)			
Case number (If known)	r		(State)			

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Par	Part 1: Identify the Property You Claim as Exempt						
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption			
	Brief description: Navy Federal Line from Schedule A/B: 17	\$400.00	\$400.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)			
	Brief description:  Navy Federal  Line from Schedule A/B: 17	\$50.00	\$50.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)			
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every)  No  Yes. Did you acquire the property covered No Yes	3 years after that for ca					

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Debt	First Name N	 ⁄iiddle Name	Shaffer Last Name	Case number (if known)	
	2: Additional Page  Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exempted Check only one box for e	•	Specific laws that allow exemption
	Brief description:  Used Clothing  Line from Schedule A/B: 11	\$300.00	\$ 100% of fair market applicable statutory		11 U.S.C. § 522(d)(5)

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Fill in	this inform	ation to identify your case	:				
Debto	or 1	Erika	L.	Shaffer			
		First Name	Middle Name	Last Name			
Debto							
(Spou	se, if filing	First Name	Middle Name	Last Name			
United	d States Ba	ankruptcy Court for the:	Northern	District of Illinois			
Cooo	number			(State)			
(If kno							
Offi	cial F	Form 106D			I		Check if this is a amended filing
Sch	าedu	le D: Credit	ors Who Ha	ve Claims Secur	ed by Pro	perty	12/1
and ca	No. Ch	er (if known). editors have claims secu	red by your property?	e entries, and attach it to this forn ur other schedules. You have nothing	, ,		ne your name
2.			or has more than one secur	red claim, list the creditor separately	Column A	Column B	Column C
۷.	for each o	laim. If more than one cre		, list the other creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	SUNCOA Creditor's	ST CREDIT UNION	Describe the property	that secures the claim:	\$11,483.00	\$10,950.00	\$533.00
	Debto Debto Debto At leas anoth Check	Florida 33680 State ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and er ek if this claim relates community debt	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check a ☑ An agreement you r car loan)	nade (such as mortgage or secured as tax lien, mechanic's lien) a lawsuit ght to offset)			
		Add the dellar value of	vour entries in Column	A on this nage. Write that	\$11 483 OO		

number here:

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Fill i	n this inform	ation to identify your case	t e					
Deb	tor 1	Erika	L.	Shaffer				
		First Name	Middle Name	Last Name	•			
	tor 2		NAC JULE NI	LastMana				
(Spc	iuse, ii iiiing	) First Name	Middle Name	Last Name				
Unit	ed States Ba	ankruptcy Court for the:	Northern	District of Illinois				
Cas	e number			(State)				
	iown)				•			
Off	icial F	orm 106E/F			<b>_</b>	Ch	neck if this is a	n amended filing
<u> </u>	hodu	Jo E/E. Cro	ditore Who	<b>Have Unsecur</b>	ad Claima			
<u> </u>	neau	ile E/F. Cre	ditors write	nave Unsecui	eu Ciaims			12/15
party 106A that a entric know	to any exe /B) and on are listed in es in the bo n).	cutory contracts or unes Schedule G: Executory Schedule D: Creditors exes on the left. Attach to	xpired leases that could a Contracts and Unexpire Who Hold Claims Securathe Continuation Page to	rs with PRIORITY claims and P result in a claim. Also list exect d Leases (Official Form 106G). red by Property. If more space o this page. On the top of any a	itory contracts on <i>Sch</i> Do not include any cre is needed, copy the Pa	nedule A/B editors with art you ne	B: Property (O h partially sed ed, fill it out, i	Official Form cured claims number the
Part	1: List /	All of Your PRIORIT	Y Unsecured Claims	S				
1.		• •	secured claims against yo	ou?				
	✓ No. G	o to Part 2.						
	Yes.							
2.	listed, identi much as po Continuation	tify what type of claim it is. ossible, list the claims in al on Page of Part 1. If more	If a claim has both priority a lphabetical order according than one creditor holds a p	ore than one priority unsecured cl and nonpriority amounts, list that c to the creditor's name. If you hav particular claim, list the other credi or this form in the instruction bookle	laim here and show both e more than two priority tors in Part 3.	n priority an	d nonpriority a	mounts. As

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Debte		affer Case number (if known)	
		Name	
Part :			
3.	Do any creditors have nonpriority unsecured claims against you		
	No. You have nothing to report in this part. Submit this form to the Yes.	court with your other schedules.	
	List all of your nonpriority unsecured claims in the alphabetical unsecured claim, list the creditor separately for each claim. For each of If more than one creditor holds a particular claim, list the other creditor Page of Part 2.	claim listed, identify what type of claim it is. Do not list cla	ims already included in Part 1.
			Total claim
4.1	DEPT OF EDUCATION/NELN	Last 4 digits of account number 9411	\$3,780.00
	Nonpriority Creditor's Name 121 S 13TH ST	When was the debt incurred? 2/1/2013	
	Number Street		
		As of the date you file, the claim is: Check all that a	pply.
	LINCOLN Nebraska 68508	Contingent	
	City State Zip Code Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	Disputed  Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	<u></u>	
	Debtor 1 and Debtor 2 only	✓ Student loans	Land Parasa
	At least one of the debtors and another	Obligations arising out of a separation agreement that you did not report as priority claims	t or divorce
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other	er similar
	Is the claim subject to offset?	debts Other. Specify	
	✓ No		_
	Yes		
4.2	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name	Last 4 digits of account number 9511	\$3,749.00
	<u>121 S 13TH ST</u>	When was the debt incurred? 2/1/2013	
	Number Street	As of the date you file, the claim is: Check all that a	pply.
	LINOOLNI Noberel e 00500	Contingent	
	LINCOLN Nebraska 68508 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only  Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement	t or divorce
	Check if this claim relates to a community debt	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other	er similar
	Is the claim subject to offset?	debts	or orrinar
	✓ No	Other. Specify	_
	Yes		
4.3	DEPT OF EDUCATION/NELN	Last 4 digits of account number 5805	\$2,926.00
	Nonpriority Creditor's Name 121 S 13TH ST	When was the debt incurred? 2/1/2014	
	Number Street		naliz
		As of the date you file, the claim is: Check all that a Contingent	рріу.
	LINCOLN Nebraska 68508 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement	t or divorce
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and othe debts	er similar
	Is the claim subject to offset?	Other. Specify	_
	Yes		

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Debto	r 1 <u>Erika L.</u> First Name Middle Name	Shaffer Case number (if known) Last Name	
Dort 1			
Part 2	Your NONPRIORITY Unsecured Claims - Cont After listing any entries on this page, number them beginn	<u> </u>	Total claim
4.4	DEPT OF EDUCATION/NELN	— Last 4 digits of account number 5705	\$1,909.00
	Nonpriority Creditor's Name 121 S 13TH ST	When was the debt incurred? 2/1/2014	
	Number Street	<u> </u>	
		As of the date you file, the claim is: Check all that apply.	
	LINCOLN Nebraska 68508	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divortiant you did not report as priority claims	irce
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other simila debts	ır
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		
4.5	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name	Last 4 digits of account number 2005	\$1,170.00
	121 S 13TH ST	When was the debt incurred? 11/1/2013	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	LINCOLN Nebraska 68508 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divo	nrce
	At least one of the debtors and another	that you did not report as priority claims	100
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other simila	ır
	Is the claim subject to offset?	debts Other. Specify	
	✓ No		
	Yes		
4.6	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name	Last 4 digits of account number 4405	\$804.00
	<u>121 S 13TH ST</u>	When was the debt incurred? 6/1/2013	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	LINCOLN Nebraska 68508 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divo	orce
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other simila	ır
	Is the claim subject to offset?	debts Other. Specify	
	✓ No		
	Yes		

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First Name  After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  Any Page 18 Aprendictor's Name 8.01 ABAYERRY RD  Number Street  As of the date you file, the claim is: Check all that apply.    As of the date you file, the claim is: Check all that apply.   As of the date you file, the claim is: Check all that apply.   As of the date you file, the claim is: Check all that apply.   As of the date you file, the claim is: Check all that apply.   As of the date you file, the claim is: Check all that apply.   As of the date you file, the claim is: Check all that apply.   Debtor 1 only	
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.    ENHANCED RECOVERY CO L	
Nonpriority Creditor's Name   Soft above to offset?   When was the debt incurred?   3/1/2014	Total claim
As of the date you file, the claim is: Check all that apply.    JACKSONVILLE	\$621.00
City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes  ANAY FEDERAL CR UNION Nonpriority Creditor's Name PO Box 3000 Number Street  Merrifield Virginia 22119 City State Zip Code Who incurred the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Is the claim subject to offset?  Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim relates to a community debt Is the claim subject to offset?  Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes  VERIZON Norpriority Creditor's Name Po Box 3000 At least one of the debtors and another Check if this claim relates to a community debt At least one of the debtors and another Check if this claim relates to a community debt At least one of the debtors and another Check if this claim relates to a community debt At least one of the debtors and another At loans At least one of the debtors offset?  Ves  Ves  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts CreditCard  When was the debt incurred?  Other. Specify CreditCard  When was the debt incurred?  Other. Specify CreditCard  When was the debt incurred? Other. Specify CreditCard  When was the debt incurred? Other. Specify CreditCard  When was the debt incurred? Other. Specify CreditCard  When was the debt incurred? Other. Specify CreditCard	
Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Nonpriority Creditor's Name  PO Box 3000  Number Street  Merrifield Virginia 22119 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Strucer The claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  At least one of the debtors and another  Check if this claim relates to a community debt is the claim subject to offset?  No  Yes  VERIZON  Narpiority Creditor's Name  Narifonal Recovery P.O. BOX 26055  When was the debt incurred?  Last 4 digits of account number  When was the debt incurred?  Debtor 2 only  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  CreditCard  When was the debt incurred?  Other. Specify  Other.	
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt is the claim subject to offset?  No  Novy FEDERAL CR UNION Nonpriority Creditor's Name PO Box 3000 Number Street  Merrifield Virginia 22119 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Street Student loans  At least one of the debtors and another Debtor 1 sim is claim relates to a community debt is the claim subject to offset?  No  Yes  Debtor 1 sim is check all that apply. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 sim is claim relates to a community debt is the claim subject to offset?  No  Yes  Debtor 1 sim is claim relates to a community debt is the claim subject to offset?  No  Yes  Debtor 1 sim is claim relates to a community debt is the claim subject to offset?  No  Yes  Last 4 digits of account number When was the debt incurred? Disputed  Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts  CreditCard  When was the debt incurred 1 separation agreement or divorce that you did not report as priority claims Debtor 1 sim is check all that apply.  CreditCard  When was the debt incurred 2 separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  CreditCard  When was the debt incurred?  Meritield Virginia 22119 Debts to pension or profit-sharing plans, and other similar debts  CreditCard  When was the debt incurred?  6/1/2014	
Is the claim subject to offset?  Is the claim subject to offset?  In No    Yes	
Other. Specify ORIGINAL CREDITOR: SPRINT  Other. Specify Original Ori	
Nonpriority Creditor's Name PO Box 3000 Number Street  Merrifield Virginia 22119 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  No Yes  PO Box 3000  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  No Yes  PERIZON Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055 When was the debt incurred?  Merrifield Virginia 22119 Unliquidated Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  CreditCard When was the debt incurred?  Macrifield Virginia 22119 Unliquidated Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify CreditCard  When was the debt incurred?  Macrifield Virginia 22119 Unliquidated Type of NONPRIORITY unsecured claim: Others of NONPRIORITY unsecu	
Merrifield Virginia 22119 City State Zip Code Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No ☐ Yes  ☑ VERIZON Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055  ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify	\$425.00
Is the claim subject to offset?  No  Yes  VERIZON Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055  Idebts Other. Specify CreditCard  Last 4 digits of account number 9860  When was the debt incurred? 6/1/2014	
Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055  Nonpriority Creditor's Name When was the debt incurred?  6/1/2014	
Number Street  As of the date you file, the claim is: Check all that apply.	\$135.00
MINNEAPOLIS Minnesota 55426 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Contingent Unliquidated  Unliquidated  Time of NONPRIORITY unsecured claim:	
Type of NONPRIORITY unsecured claim:  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  This debt is the claim subject to offset?  ✓ Other. Specify InstallmentLoan	

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Shaffer Debtor 1 Erika Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$14,338.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$1,181.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$15,519.00 6j. Total. Add lines 6f through 6i.

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Fill in this infor	mation to identify your cas	e:			
Debtor 1	Erika	L.	Shaffer		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	Northern	District of Illinois		
		•	(State)		
Case number (If known)					
Official	Form 106G				Check if this is ar amended filing
Schedu	le G: Execut	ory Contracts	s and Unexpire	ed Leases	12/15
space is neede				e equally responsible for supplying is page. On the top of any addition	
1. Do you l	nave any executory	contracts or unexpir	red leases?		
No. Ch	eck this box and file this fo	rm with the court with your c	other schedules. You have noth	ning else to report on this form.	
☐ Yes Fil	Il in all of the information b	elow even if the contracts or	r leases are listed on <i>Schedule</i>	e A/R: Property (Official Form 106A/R)	

Yes. Fill in all of the information below even if the contracts or leases a

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in t	this inform	ation to identify your case	ə:					
Debto	r 1	Erika	ı	Shaffer				
Debio	1 1	First Name	Middle Name	Last Name	-			
Debto								
(Spou	se, if filing	First Name	Middle Name	Last Name				
United	States B	ankruptcy Court for the:	Northern	District of Illinois				
		. ,	-	(State)				
Case (If know	number wn)				_			
(	,						Пс	neck if this is an
								nended filing
Offi	cial F	Form 106H						
		e H: Your Co	adobtors					4045
								12/15
togethe entries	er, both a	re equally responsible exes on the left. Attach	for supplying correct inf	ts you may have. Be as complormation. If more space is neading page. On the top of any Ad	eded, c	opy the Additional	Page, fill it out, and n	umber the
1.	Do you l	nava any aodobtoro? (If	you are filing a joint age.	do not list aither angues as a god	lobtor \			
1.	No	lave any codebiors? (II	you are ming a joint case, t	do not list either spouse as a cod	ebioi.)			
	Yes							
2.	Within t	ne last 8 vears, have vo	u lived in a community n	roperty state or territory? (Con	mmı ınit	v property states and	territories include Arizo	na California
				Vashington, and Wisconsin.)	,,,,,,,	y proporty dialog and	torricorio incidad raizo	ria, Camorria,
	✓ No.	Go to line 3.						
	Yes	. Did your spouse, former	spouse, or legal equivalen	t live with you at the time?				
	<b>✓</b>	No						
		Yes. In which community	y state or territory did you liv	e?Fill in t	the nan	ne and current addres	s of that person.	
		Name of your spouse, for	ormer spouse, or legal equiv	/alent				
		Number Street						
		Number Street						
		City	State	Zip Code				
		•		·				
3.	again as	a codebtor only if that	person is a guarantor or	our spouse as a codebtor if yo cosigner. Make sure you have cial Form 106G). Use <i>Schedul</i>	e listed	I the creditor on Sci	hedule D (Official For	m 106D),
	Calumn	4. Vous oodobtos			Calu	mn 2. The exeditor	to whom you owe the	alaha
	Column	1: Your codebtor			Colu	mn 2: The creditor	to whom you owe the	e debt
					Chec	k all schedules that ap	oply:	
3.1	Neal, Joh	n			<b>V</b>	Schedule D, line	2.1	
	Name					·		
	Nimelan	108 SW 15th Terrace	9			Schedule E/F, line	<del></del>	
	Number Cape Co	Street	Florida	33991		Schedule G, line		
	Cape Co	Iai	State	Zip Code				

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			ument Paç	je 30 01 04	
Fill in this i	nformation to identify	y your case:			
Debtor 1	Erika First Name	L. Middle Name	Shaffer Last Name		
Debtor 2					Check if this is:
(Spouse, if filing	<sup>ng)</sup> First Name	Middle Name	Last Name		An amended filing
United States	Bankruptcy Court for the:	Northern	District of Illinois		A supplement showing post-petition chapter 1 expenses as of the following date:
Case number (If known)			(State)		MM / DD / YYYY
Official	Form 106I				
	ile I: Your Inc	come			12/1:
	escribe Employme	ame and case numbe	r (If known). Ans	wer every questio	n.
	I in your employment formation.		Debtor 1		Debtor 2
	ou have more than one	Employment status	Employed  Not Employed	I	Employed  Not Employed
	ach a separate page with ormation about additional	Occupation			Instructor
	nployers.	Employer's name			Defense Finance and Accounting Services
or	clude part time, seasonal,  If-employed work.	Employer's address	Number Street		8899 East 56th Street  Number Street
	ccupation may include ident				
or	homemaker, if it applies.		City	State Zip Code	Indianapolis Indiana 46249
		How long employed	Oily	State Zip Code	City State Zip Code  6 years
Part 2: G	ive Details About	there? Monthly Income			
Estimate me	_	date you file this form. If y	ou have nothing to rep	ort for any line, write \$0 i	n the space. Include your non-filing spouse unless
	r non-filing spouse have mo arate sheet to this form.	ore than one employer, comb	ine the information for a	all employers for that pers	son on the lines below. If you need more space,
	arado orioot to triio IOIIII.			For Debtor 1	For Debtor 2 or non-filing spouse
		ry, and commissions (befor alculate what the monthly wag		\$0.00	\$4,509.49

+ \$0.00

\$4,509.49

\$0.00

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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Dept	Or 1 Erika L.	Shaffer Last Name	Case number (	if known)		
	First Name Middle Name	Last Name	For Debtor 1	For Debtor 2 or non-filing spouse		
Co	opy line 4 here	<b>→</b> 4	\$0.00	\$4,509.49		
5. <b>Lis</b>	st all payroll deductions:					
58	a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$531.79		
5k	o. Mandatory contributions for retirement plans	5b	\$0.00	\$0.00		
50	c. Voluntary contributions for retirement plans	5c	\$0.00	\$156.85		
50	d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00		
56	e. Insurance	5e.	\$0.00	\$34.00		
5f	. Domestic support obligations	5f	\$0.00	\$0.00		
5	g. <b>Union dues</b>	5g	\$0.00	\$0.00		
5ł	n. <b>Other deductions.</b> Specify:	5h. +	\$0.00 +	\$0.00		
6. <b>A</b> d +5h.	Id the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +	5f + 5g 6	\$0.00	\$722.64		
7. <b>C</b> a	alculate total monthly take-home pay. Subtract line 6 from line	e 4. 7	\$0.00	\$3,786.85		
8. <b>Lis</b>	st all other income regularly received:					
88	<ul> <li>a. Net income from rental property and from operating a business, profession, or farm</li> <li>Attach a statement for each property and business showing grant and property and business showing grant are statement for each property and business showing grant are statement.</li> </ul>	ross				
	receipts, ordinary and necessary business expenses, and the t monthly net income.		\$0.00	\$0.00		
8k	p. Interest and dividends	8b	\$0.00	\$0.00		
80	c. Family support payments that you, a non-filing spouse, dependent regularly receive	or a				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	\$0.00	\$0.00		
80	d. Unemployment compensation	8d	\$0.00	\$0.00		
86	e. Social Security	8e	\$0.00	\$0.00		
8f	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-case assistance that you receive, such as food stamps (benefits und the Supplemental Nutrition Assistance Program) or housing subsidies	er	40.00	<b>#</b> 0.00		
_	Specify:		\$0.00	\$0.00		
,	g. Pension or retirement income	8g	\$0.00	\$0.00		
	n. Other monthly income. Specify:		\$0.00 +	\$0.00		
9. <b>Ad</b>	Id all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g	+ 8h. 9	\$0.00	\$0.00		
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	spouse 10.	\$0.00	\$3,786.85	= [	\$3,786.85
In re	tate all other regular contributions to the expenses that your clude contributions from an unmarried partner, members of your elatives.  o not include any amounts already included in lines 2-10 or amounts.	household, your deper				
S	pecify:				11. +	\$0.00
	dd the amount in the last column of line 10 to the amount frite that amount on the Summary of Schedules and Statistical Su				12.	\$3,786.85
	•		,		L	Combined monthly income
13. D	o you expect an increase or decrease within the year after No.	you file this form?				
L	Yes. Explain:					

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Fill in this infor	mation to identify your ca	ase:				
Debtor 1	Erika	ı	Shaffer			
Debior	First Name	Middle Name	Last Name			
Debtor 2				Check if this is:		
(Spouse, if filin	g) First Name	Middle Name	Last Name	An amended filin	g	
United States I	Bankruptcy Court for the	: Northern	District of Illinois (State)	A supplement sh expenses as of the		on chapter 13
Case number (If known)						
()				MM / DD / YYYY	,	
Official	Form 106J					
Schedu	le J: Your E	xpenses				12/15
information. If (if known). Ans		d, attach another sheet to this	e filing together, both are equally form. On the top of any additiona			umber
1. Is this a joi	nt case?					
✓ No. Go	to line 2					
Yes. D	oes Debtor 2 live in a	separate household?				
[	No					
	Yes. Debtor 2 must f	file Official Forms 106J-2, Expens	ses for Separate Household of Debte	or 2.		
2. Do you hav		No				
Do not list D Debtor 2.		Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2 Child	Dependent's age 7 months	Does depend with you?  No.  Yes.	dent live
-	d your	No Yes				
Part 2: Esti	mate Your Ongoin	g Monthly Expenses				
-	of a date after the ban		you are using this form as a supp plemental Schedule J, check the	•	-	
		-cash government assistance I it on <i>Schedule I:</i> Your Income			Yo	ur expenses
	or home ownership ex or the ground or lot. 4.	xpenses for your residence. In	clude first mortgage payments and		4.	\$1,100.00
If not inc	luded in line 4:					
4a. Real e	state taxes				4a	\$0.00
4b. Prope	rty, homeowner's, or ren	ter's insurance			4b.	\$15.00
4c. Home	maintenance, repair, and	d upkeep expenses			4c.	\$0.00
4d. Home	owner's association or co	ondominium dues			4d.	\$0.00

4d.

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Shaffer

Debtor 1

Erika

Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$300.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$300.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$525.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$175.00 10. Personal care products and services 10. \$130.00 11. Medical and dental expenses \$150.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$375.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$115.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$350.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: Non Filing Spouse CC Debt \$180.00 17c 17d. Other. Specify: Diapers & Wipes \$65.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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Debtor 1	Erika	L.	Shaffer	Case number (if known)		
	First Name	Middle Name	Last Name			
21. <b>Other.</b>	Specify:				21	\$0.00
22. Calcu	late your monthly e	expenses.				\$3,780.00
22a. A	dd lines 4 through 21	· I.				\$3,780.00
	· ·	expenses for Debtor 2), if any, fro	m Official Form 106J-2			\$3,780.00
	. , ,	The result is your monthly expens			22.	φ3,760.00
	ate your monthly n	, , ,			22.	
	•	nbined monthly income) from Sch	edule I.		23a	\$3,786.85
23h C	ony vour monthly exp	penses from line 22 above.				
					23b	\$3,780.00
		expenses from your monthly incor	ne.			\$6.85
	The result is your mor	ntnly net income.			23c	
24. <b>Do yo</b>	u expect an increas	se or decrease in your expense	es within the year after yo	u file this form?		
		ct to finish paying for your car loar ease or decrease because of a n	, ,			
) N	, , ,	case of acordase secadose of a fi	iodination to the terms of y	our mongage :		
<u>~</u>	10					
	es					
	Explain here	:				
	2/\$16					

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Fill in this information to identify your case:							
Debtor 1	Erika	L.	Shaffer				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing) First Name		Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois (State)				
Case number (If known)			(Oldio)				

#### Official Form 106Dec

#### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1	Sign Below							
С	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
Ŀ	No No							
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
	Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and							
τ	hat they are true and correct.							
×	/s/ Erika Shaffer	<b>x</b>						
S	ignature of Debtor 1	Signature of Debtor 2						
D	pate 10/18/2016	Date						
	MM/DD/YYYY	MM/DD/YYYY						

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			Do	cument F	age 36 of 64		
Fill in this infor	mation to identify your cas	e:					
Debtor 1	Erika	L.		Shaffer			
	First Name	Middle	Name	Last Nan	ne		
Debtor 2 (Spouse, if filin	ng) First Name	Middle	Name	Last Nan	<u></u>		
			rianio				
United States I	Bankruptcy Court for the:	Northern		District of Illino			
Case number (If known)				(0.00			
	Form 107						Check if this is amended filing
Stateme	ent of Financ	ial Affair	s for	Individua	als Filing for B	ankruptcy	12/
1. What is	e Details About You s your current marital st arried of married the last 3 years, have you s. List all of the places you	atus? u lived anywher	e other th	an where you live	e now?		
De	btor 1:		Dates there	Debtor 1 lived	Debtor 2:		Dates Debtor 2 lived there
					Same as Debtor 1		Same as Debtor 1
612	2 Willmington Pkwy.		From	04/2042			F***
Nui	mber Street			01/2012	Number Street		From
_			То	12/2013	-		To
	pe Coral Florida	33993			<u> </u>		
City	y State	Zip Code			City State	Zip Code	D Or Deltard
					Same as Debtor 1		Same as Debtor 1
	32 Ship Chandlers Wharf		From	12/2013	Number Ct		From
Nui	mber Street		То	12/2015	Number Street		To
\ /:=:	ginio Virginio	22452	10	12/2010			
VII	ginia Virginia	23453					

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

City

State

Zip Code

✓ N

Beach

State

City

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Zip Code

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Debt	or 1			haffer ast Name	Case nu	umber (if known)	
Part	2-	Explain the Sources of Your		ist ivame			
4.	<b>Did</b> Fill in	you have any income from employn the total amount of income you receivities. If you are filing a joint case and yo No Yes. Fill in the details.	nent or from operating ed from all jobs and all bu	usinesses, includ	ing part-time		ears?
			Debtor 1	Debtor 1			
			Sources of income Check all that apply.	Gross in (before de exclusion	eductions and	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		rom January 1 of current year until ne date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$23	421.37	Wages, commissions, bonuses, tips Operating a business	
		or last calendar year: anuary 1 to December 31, 2015 )  YYYYY	✓ Wages, commissions, bonuses, tips  ☐ Operating a business	<u>\$52</u>	143.00	Wages, commissions, bonuses, tips Operating a business	
		or the calendar year before that: anuary 1 to December 31, 2014 ) YYYY	✓ Wages, commissions, bonuses, tips ☐ Operating a business	<u>\$210</u>	000.00	Wages, commissions, bonuses, tips Operating a business	
li b	nclud pener case List e	you receive any other income during de income regardless of whether that in fit payments; pensions; rental income; i and you have income that you received each source and the gross income from No Yes. Fill in the details.	come is taxable. Example nterest; dividends; money together, list it only once	es of other incom / collected from la under Debtor 1.	e are alimony; chi awsuits; royalties;	and gambling and lottery winr	
			Debtor 1			Debtor 2	
			Sources of income Describe below.	each s	deductions and	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		rom January 1 of current year until he date you filed for bankruptcy:					
		For last calendar year:  January 1 to December 31, 2015 )  YYYY	-				
		For the calendar year before that:  January 1 to December 31, 2014 YYYY	-				

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First Name		Middle Name	Last Name		IIIDei (// khown)				
List Cert	tain Paymer	nts You Made I	Before You Filed fo	r Bankruptcy					
a aithar Daht	or 1's or Debt	or 2's debts nrim:	arily consumer debts?						
_			-						
		r <b>Debtor 2 has pri</b> al, family, or househ		. Consumer debts are define	ed in 11 U.S.C. § 101(8) as "ind	curred by an individual			
During	the 90 days be	fore you filed for ba	nkruptcy, did you pay any	creditor a total of \$6,425* or	more?				
✓ No	o. Go to line 7.								
☐ Y	total amour	nt you paid that cred	om you paid a total of \$6,425* or more in one or more payments and the editor. Do not include payments for domestic support obligations, such as so, do not include payments to an attorney for this bankruptcy case.						
* Subje	ect to adjustmen	nt on 4/01/19 and ev	very 3 years after that for c	cases filed on or after the date	e of adjustment.				
Yes. <b>Debto</b>	r 1 or Debtor 2	2 or both have pri	imarily consumer debts	<b>5.</b>					
During	the 90 days be	fore you filed for ba	nkruptcy, did you pay any	creditor a total of \$600 or mo	ore?				
☐ No	o. Go to line 7.								
$\Box$ $\vee$	es List below o	ach creditor to who	nm volu naid a total of ¢600	or more and the total amour	nt vou naid				
ш.				port obligations, such as chil					
			ayments to an attorney for		a sapport and				
	-					NA			
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
						Mortgage			
Creditor's 1	Name					Car			
Number St	reet					Credit card			
						Loan repaymen			
						Suppliers or			
City	State	Zip Code				vendors			
						Other			
Creditor's I	Name			_	_	Mortgage			
Number Ct	root					Car			
Number St	i <del>cc</del> l					Credit card			
						Loan repayme			
City	State	Zip Code				Suppliers or vendors			
~··,	Jidio	p 3000				Other			
Creditor's I	Name					☐ Mortgage ☐ Car			
Number St	reet					Credit card			
						Loan repayme			
						Suppliers or			
City	State	Zip Code				vendors			
						Other			

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Debtor 1	Erika First Name	L. Middle Name		naffer st Name	Case number (	if known)
Insid corp ager	lers include your relative orations of which you a	re an officer, director, per usiness you operate as a	relatives of any rson in control, o	general partners; par r owner of 20% or mo	tnerships of which y ore of their voting se	ho was an insider? rou are a general partner; curities; and any managing omestic support obligations,
	No Yes. List all payments t	to an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name		_			
	Number Street					
_	City State	e Zip Code				
	Insider's Name					
	Number Street					
	City State	e Zip Code				
insid Inclu	ler? de payments on debts ( No	filed for bankruptcy, diguaranteed or cosigned by the bankfited an insider.		/ payments or trans	fer any property o	n account of a debt that benefited an
	, ,		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
						Include creditor's name
	Insider's Name		-			
	Number Street					
_	City State	e Zip Code				
	Insider's Name					
	Number Street					
	City State	e Zip Code				

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Debtor 1		L. Middle Name	Shaffer	c	Case number (if	known)	
	First Name		Last Name				
Part 4:	Identify Legal A	Actions, Repossession	s, and Foreclosure	S			
List		u filed for bankruptcy, were yolding personal injury cases, sm					
V	No Silling to the little						
Ш	Yes. Fill in the details						
	0	Nati	ure of the case	Court or a	agency		Status of the case
	Case title			O a set No.			Pending
	0			Court Nan	ne		On appeal
	Case number			NumberSt	reet		Concluded
				City	State	Zip Code	
	Case title						Pending
				Court Nan	ne		On appeal
	Case number			NumberSt	reet		Concluded
	-						
				City	State	Zip Code	
	No. Go to line 11. Yes. Fill in the infor	mation below.	Describe the prope	erty		Date	Value of the property
	Creditor's Name		-				
	Creditor's Name		Explain what happ	ened			
	Number Street		-				
	rumbor Guodi		Property was re	nossessed			
			Property was fo				
			Property was ga	arnished.			
	City	State Zip Code	Property was at	tached, seized,	or levied.		
			Describe the prope	erty		Date	Value of the property
			_				
	Creditor's Name		Evaloin what hope	anad			
	Number Street		Explain what happ	ciicu			
	Number Street		Droport woo ro				
			Property was re Property was fo				
			Property was to				
	City	State Zip Code	Property was at		or levied.		

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Debt	tor 1	Erika First Name	L. Middle Name	Shaffer Last Name	Case number (if known)		
11.		hin 90 days before you filed for ounts or refuse to make a payn			nk or financial institution, s	set off any amour	nts from your
	<b>✓</b>	No Yes. Fill in the details.					
				Describe the action the	creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street		Last 4 digits of account nu	ımber: XXXX-		
		City State	Zip Code				
12.		hin 1 year before you filed for bointed receiver, a custodian, o		of your property in the p	ossession of an assignee f	or the benefit of o	creditors, a court-
		No Yes					
Part 13.		List Certain Gifts and Co		u give any gifts with a to	tal value of more than \$600	nor norson?	
10.	✓ 	•		a give any gins with a to	tai value of more triair pood	per person:	
		Gifts with a total value of mo		Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave the C	Gift				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person to Whom You Gave the C	Gift				
		Number Street					
		City State Person's relationship to you	Zip Code				

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Debt	tor 1	Erika First Name	L. Middle Name	Shaffer Last Name	Case number (if known)		
14.	Wit	hin 2 years before you filed for No Yes. Fill in the details for each of		ou give any gifts or contribut	tions with a total value of	more than \$600 t	o any charity?
	ш	Gifts or contributions to chat that total more than \$600		Describe what you contril	outed	Date you contributed	Value
		Charity's Name					
		Number Street					
Part	C.	City State  List Certain Losses	Zip Code				
15.		hin 1 year before you filed for Inbling?  No  Yes. Fill in the details.  Describe the property you lo how the loss occurred		Describe any insurance conclude the amount that insurance claims of A/B: Property.	overage for the loss rance has paid. List	Date of your loss	Value of property lost
Part	7:	List Certain Payments o	r Transfers				
16.	abo	hin 1 year before you filed for l ut seeking bankruptcy or prep ude any attorneys, bankruptcy pe	aring a bankruptcy	petition?			nyone you consulted
		No Yes. Fill in the details.					
				Description and value of a transferred	any property	Date payment or transfer was made	Amount of payment
		LAW FIRM		Attorney's Fee - 1213.00		10/18/2016	\$1213.00
		Person Who Was Paid 5101 Washington Street Number Street					
		Unit 29					
		Gurnee Illinois City State	60031 Zip Code				
		Email or website address None					
		Person Who Made the Paymen	t, if Not You				
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
		Email or website address					
		Person Who Made the Paymen	t. if Not You				

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Deb	tor 1	Erika	L.	Shaffer	Case number (if known)		
		First Name	Middle Name	Last Name			
17.	help	hin 1 year before you filed fo by you deal with your creditors not include any payment or trans No Yes. Fill in the details.	or to make payments		half pay or transfer	any property to anyo	one who promised to
	ш	res. Fill III the details.					
				Description and value of any pr transferred	operty		Amount of payment
		Person Who Was Paid					
		Number Street					
		City State	7in Codo				
		City State	Zip Code				
		ude both outright transfers and seres that you have already listed No Yes. Fill in the details.		rity (such as the granting of a securi			
				Description and value of any property transferred		y property or eceived or debts paid	Date transfer was made
		Person Who Received Transf	er				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person Who Received Transf	er				
		Number Street					
		City State Person's relationship to you	Zip Code				
19.		hin 10 years before you filed ese are often called asset-prote		ou transfer any property to a self-s	settled trust or simil	ar device of which y	ou are a beneficiary?
	<b>✓</b>	No Yes. Fill in the details.					
	Ц	ies. Fiii iii uie delaiis.		Description and value of the p	property transferred		Date transfer was made
		Name of trust					

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Deb	or 1	Erika	L.	Shaffer	Case number (if known)	
		First Name	Middle Name	Last Name		
Part	8:	List Certain Finan	cial Accounts, Instr	uments, Safe Deposit Bo	xes, and Storage Units	
20.	mov Inclu	red, or transferred? ide checking, savings, m		ncial accounts; certificates of depos	ruments held in your name, or for your benefit, c	
	<b>✓</b>	No Yes. Fill in the details.				
				Last 4 digits of account number	Type of account or instrument account was closed, sold, moved, or transferred	Last balance before closing or transfer
		Person Who Was Paid		XXXX-	Checking Savings	
		Number Street			Money market Brokerage Other	
		City Stat	te Zip Code			
		Person Who Was Paid	<del></del> ,	XXXX-	Checking Savings	
		Number Street			Money market Brokerage	
					Other	
		City Stat	te Zip Code			
21.		ou now have, or did yer valuables?  No Yes. Fill in the details.	ou have within 1 year be	fore you filed for bankruptcy, ar  Who else had access to it?	ny safe deposit box or other depository for secu  Describe the contents	Do you still
						have it?
		Name of Financial Inst	itution	Name		☐ No ☐ Yes
		Number Street		Number Street		
				City State Zip	Code	
		City State	•			
22.	_		in a storage unit or place	e other than your home within 1	year before you filed for bankruptcy?	
		No Yes. Fill in the details.				
				Who else had access to it?	Describe the contents	Do you still have it?
		Name of Storage Faci	lity	Name		☐ No ☐ Yes
		Number Street		Number Street		
		City State	e Zip Code	City State Zip	Code	
		, Sidil				

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	Erika L.	Shaffer Ca	ise number (if known)	
	First Name Middle Name	Last Name		
art 9:	Identify Property You Hold or Con	ntrol for Someone Else		
art o.	identity i reporty fed freid er eer			
	you hold or control any property that som neone.	neone else owns? Include any property you	borrowed from, are storing for, or hold in	n trust for
	NI-			
범	No			
ш	Yes. Fill in the details.			
		Where is the property?	Describe the contents	Value
	N		-	
	Owner's Name	Number Street		
	Number Street	<del>-</del>	-	
		City State Zip Code	-	
	City State Zip Code			
art 10:	Give Details About Environmenta	al Information		
int IV.	Oive Details About Elivironinents			
or the p	ourpose of Part 10, the following definitions app	oly:		
	-nvironmental law means any federal state or	local statute or regulation concerning pollution,	contamination, releases of	
	•	erial into the air, land, soil, surface water, ground		
		cleanup of these substances, wastes, or mate		
_ (	Sita magne any location, facility or proporty as d	defined under any environmental law, whether yo	u now own oporato or utilizo it	
	or used to own, operate, or utilize it, including o	•	d flow own, operate, or dulize it	
		mental law defines as a hazardous waste, hazar	dous substance,	
U	oxic substance, hazardous material, pollutant,	contaminant, or similar term.		
eport a	all notices, releases, and proceedings that you l	know about, regardless of when they occurred.		
l. Has	s any governmental unit notified you that y	you may be liable or potentially liable under	or in violation of an environmental law?	
	No			
Ħ	Yes. Fill in the details.			
ш	163. I ili ili tile detalla.	Governmental unit	Environmental law if you know it	
		Governmental unit	Environmental law, if you know it	Data of
				Date of notice
				Date of notice
	Name of site	Governmental unit	-	
			_	
	Name of site  Number Street	Governmental unit  Number Street	-	
		Number Street	- - -	
			- - -	
	Number Street	Number Street	- -	
		Number Street	-	
Hav	Number Street  City State Zip Code	Number Street  City State Zip Code	-	
. Hav	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code	-	
. Hav	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code	-	
	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code	-	
	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code	Environmental law, if you know it	notice
_	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code  ny release of hazardous material?	Environmental law, if you know it	notice
_	Number Street  City State Zip Code  ve you notified any governmental unit of an No  Yes. Fill in the details.	Number Street  City State Zip Code  ny release of hazardous material?  Governmental unit	Environmental law, if you know it	notice
	Number Street  City State Zip Code  ve you notified any governmental unit of all	Number Street  City State Zip Code  ny release of hazardous material?	Environmental law, if you know it	notice
	Number Street  City State Zip Code  ve you notified any governmental unit of all  No  Yes. Fill in the details.  Name of site	Number Street  City State Zip Code  ny release of hazardous material?  Governmental unit  Governmental unit	Environmental law, if you know it	notice
	Number Street  City State Zip Code  ve you notified any governmental unit of an No  Yes. Fill in the details.	Number Street  City State Zip Code  ny release of hazardous material?  Governmental unit	Environmental law, if you know it	notice Date of
	Number Street  City State Zip Code  ve you notified any governmental unit of all  No  Yes. Fill in the details.  Name of site	Number Street  City State Zip Code  ny release of hazardous material?  Governmental unit  Governmental unit  Number Street	Environmental law, if you know it	notice
	Number Street  City State Zip Code  ve you notified any governmental unit of all  No  Yes. Fill in the details.  Name of site	Number Street  City State Zip Code  ny release of hazardous material?  Governmental unit  Governmental unit	Environmental law, if you know it	notice

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Deb	tor 1	Erika		L.	Shaffer	Case	number (if known)	
		First Name		Middle Name	Last Name			
26	<b>⊔</b> av	o vou boon a parti	, in any judi	oial or administra	ativo procooding under	any onvironment	al law? Include settlements and order	•
26.	пач	e you been a part	y iii aiiy juuk	ciai or aurillistra	ative proceeding under	arry errorrorment	ariaw : include settlements and order	<b>5.</b>
	<b>✓</b>	No						
	П	Yes. Fill in the deta	ils.					
					Court or agency		Nature of the case	Status of the
					oourt or agency		Nature of the base	case
		Case title						555
								Pending
					Court Name			
								On appeal
		Case number			Number Street			Concluded
								Concidada
					City State	Zip Code		
		la: 5			•	<u>.</u>		
Part	111:	Give Details A	bout Your	Business or	Connections to Ar	y Business		
	1000							•
27.	Witi	nin 4 years before	you filed for	bankruptcy, did	you own a business or	have any of the fo	ollowing connections to any business	6?
		A sole proprie	tor or self-em	nloved in a trade	profession, or other activit	v either full-time o	r nart-time	
							i part-time	
				ity company (LLC)	or limited liability partners	snip (LLP)		
		A partner in a	partnership					
		An officer, dire	ector, or mana	aging executive of	a corporation			
		An owner of a	t least 5% of t	the voting or equity	y securities of a corporation	n		
		_						
	✓	No. None of the ab						
		Yes. Check all that	apply above a	and fill in the detail:	s below for each business	i.		
					Describe the natu	re of the busines	Employer Identification n	umber Do not
							include Social Security no	
							EINI:	
		Business Name			_		EIN:	
		Number Street			_		Dates business existed	
		ramber enect			Name of account	ant or bookkeepe	er	
		0.1	01-1-	7: 0 - 1-	_		From To	
		City	State	Zip Code				
					Describe the natu	ire of the busines	s Employer Identification n	umber Do not
					Dood ind that		include Social Security no	
		Business Name			_		EIN:	
		_ 40111000 1 441110						
		Number Street			_		Dates business existed	
		Number Street			Name of account	ant or bookkeepe		
					_			
		City	State	Zip Code			From To	
					Describe the natu	ire of the busines		
							include Social Security no	umper or HIN.
					_		EIN:	
		Business Name						
		Number Street			N - 6		Dates business existed	
					Name of account	ant or bookkeepe	Pr	
		City	State	Zip Code	_		From To	
		Jity	Ciaic	Zip Ooue				

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Debtor 1		L.	Shaffer	Case number (if known)
	First Name	Middle Name	Last Name	
	ithin 2 years before you editors, or other parties		ou give a financial statement	to anyone about your business? Include all financial institutions,
<b>∠</b>	No Yes. Fill in the details be	elow.		
			Date issued	
	Name		MM/DD/YYYY	
	. 100			
	Number Street		_	
	-		<u> </u>	
	City 5	State Zip Code		
Part 12	Sign Below			
true	and correct. I understa	and that making a false sta	atement, concealing property	ts, and I declare under penalty of perjury that the answers are or obtaining money or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	<b>X</b> /0/ Erile	a Shaffer	,	×
	Signature of			Signature of Debtor 2
	Date 10/18	8/2016		Date 10/18/2016
Did	you attach additional p	pages to Your Statement o	f Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
<b>~</b>	No			
	Yes			
Did	you pay or agree to pay	y someone who is not an a	ttorney to help you fill out ba	nkruptcy forms?
<b>✓</b>	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:								
Debtor 1	Erika	L.	Shaffer					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if fill	<sup>ing)</sup> First Name	Middle Name	Last Name					
United States	s Bankruptcy Court for the:	Northern	District of Illinois					
Case number (If known)	r		(State)					

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

	List four dicastors who have occurred stanne						
1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.						
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?				
	Creditor's name: SUNCOAST CREDIT UNION  Description of property securing debt: 072 Automobile	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	✓ No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.				

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Debto	r Erika	L.	Shaffer	Case number (if	
1	First Name	Middle Name	Last Name	known)	
		_		Part 2:	
	ur Unexpired Personal F				
inform		tate leases. Unexpired I	eases are leases that ar	y Contracts and Unexpired Leases (Official Form 106G), fill in the re still in effect; the lease period has not yet ended. You may assi 365(p)(2).	
De	escribe your unexpired persona	al property leases		Will the lease be assumed?	
Le	ssor's name:			□ No □ Yes	
	escription of leased operty:				
Le:	ssor's name:			□ No □ Yes	
	escription of leased operty:				
Le	ssor's name:			□ No □ Yes	
	escription of leased operty:				
Le	ssor's name:			□ No □ Yes	
	escription of leased operty:				
Le	ssor's name:			□ No □ Yes	
	escription of leased operty:				
Le	ssor's name:			No Yes	
	escription of leased operty:				
Les	ssor's name:			No Yes	
	escription of leased operty:				
Part 3:	Sign Below				
Und			y intention about any pı	property of my estate that secures a debt and any personal	
			44		
_	/s/ Erika Shaffer Signature of Debtor 1		Sign	gnature of Debtor 1	
3	orginature or Deptor 1		Sigi	griadure or Deptor 1	
[	Date 10/18/2016 MM/DD/YYYY		Dat	ate 10/18/2016 MM/DD/YYYY	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

-	\$310	total fee
+	\$75	administrative fee
	\$235	filing fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC **\$1213.00** in attorney fees plus costs in the amount of **\$387.00** to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding. \$300.00/hr.

Adding additional bills \$50.00

Motion to Reopen and Avoid Lien \$1000.00

\*\*350.00 + Court

Motion to Reopen \$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

Lunderstand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not

Erika Shaffer Matter Number 493124-001 Initial: &

represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.\*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Date: 10/18/16

\*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

Erika Shaffer Matter Number 493124-001 Initial:  $\mathcal{E}$ 

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B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

		Northern Distric	t of Illinois					
n re	Erika L. Shaffer; Eric Sha	ffer	Case No.					
	Debtor		•	(If known)				
			Chapter	Chapter 7				
	DISCLOSURE OF	COMPENSATION	OF ATTORNEY FO	OR DEBTOR				
1.	Pursuant to 11 U.S.C. § 329(a) and that compensation paid to me with services rendered or to be rendered is as follows:	in one year before the filing o	of the petition in bankruptcy, or	agreed to be paid to me, for				
	For legal services, I have agreed to	o accept		\$1,213.00				
	Prior to the filing of this statement	I have received		\$1,213.00				
	Balance Due			\$0.00				
2.	The source of the compensation pa	aid to me was:						
	<b>✓</b> Debtor	Other (specify)						
3.	The source of the compensation p	aid to me is:						
	<b>✓</b> Debtor	Other (specify)						
4.	I have not agreed to share the members and associates of n	above-disclosed compensat ny law firm.	ion with any other person unles:	s they are				
		law firm. A copy of the agree	vith a other person or persons we ement, together with a list of the					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;							
	b. Preparation and filing of an	y petition, schedules, statem	ents of affairs and plan which m	nay be required;				
	c. Representation of the debto	or at the meeting of creditors	and confirmation hearing, and a	ny adjourned hearings thereof;				
6.	By agreement with the debtor(s), t	ne above-disclosed fee does	not include the following service	es:				
		CERTIFICA	TION					
	I certify that the foregoing is a complete debtor(s) in this bankruptcy process.		ment or arrangement for payme	nt to me for representation				
_	10/18/2016		/s/ Nathan Delman					
	Date		Signature of Attorney					
			Semrad Law Firm					
			Name of law firm					

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Shaffer, Erika L.; Shaffer, Eric	Case No		
	Debtor(s)	0400 110.		•
		Chapter.	Chapter7	
	VERIFICATION	OF CREDITOR MA	TRIX	
	The above named Debtors hereby verify that the a	ttached list of creditors is tru	e and correct to the best of their knowled	ge.
Date:	10/18/2016	/s/ Shaffer, Erik	a L.	
		Shaffer, Erika L		
		Signature of De	ebtor	
		/s/ Shaffer, Eric	;	
		Shaffer, Eric		,
		Signature of Jo	int Debtor	

SUNCOAST CREDIT UNION PO BOX 11904 TAMPA, FL 33680

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN , NE 68508

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256

NAVY FEDERAL CR UNION PO Box 3000 Merrifield , VA 22119

VERIZON NATIONAL RECOVERY P.O. BOX 26055 MINNEAPOLIS , MN 55426

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Debtor 1 Erika	L.	Shaffer Last Name	Case number (if known)	
First Name	Middle Name estions for Reporting Purpose			
Part 6: Answer These Que  16. What kind of debts do you have?	16a. Are your debts primaril "incurred by an individua No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primaril	y consumer deb al primarily for a p y business debts investment or th	ersonal, family, or househo Business debts are debts rough the logical of the lo	s that you incurred to obtain business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that No.	er 7. Do you estima t funds will be avail	ite that after any exempt prop able to distribute to unsecured	
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	5,00	0-5,000 1-10,000 01-25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,0 \$50,0	00,001-\$10 million 000,001-\$50 million 000,001-\$100 million ,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,0 \$50,0	00,001-\$10 million 000,001-\$50 million 000,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	correct.  If I have chosen to file under of title 11, United States Coounder Chapter 7.  If no attorney represents me a out this document, I have obtained the condense of the coordance of the c	Chapter 7, I am average. I understand the and I did not pay takened and read the with the chapter statement, conceasy case can result in	ware that I may proceed, if enerelief available under each or agree to pay someone when notice required by 11 U.S of title 11, United States Colling property, or obtaining in fines up to \$250,000, or	ode, specified in this petition. money or property by fraud in imprisonment for up to 20 years, or
	Executed on10/18/20	D16 DD / YYYY	Executed or	

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Fill in this infor	mation to identify your o	ase:			
Debtor 1	Erika	L,	Shaffer		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	Northern	District of Illinois		
Omica Omica	Danitiropio, Godinio, arc.		(State)		
Case number					
L	Form 106De				Check if this is a amended filing
Declarat	tion About an	 Individual Debte	or's Schedul	es	12/1
If two married	people are filing togeth	ner, both are equally respon	sible for supplying co	rrect information.	
U.S.C. §§ 152,	1341, 1519, and 3571.	eone who is NOT an attorne		o to \$250,000, or imprisonment for up	
. —	nay or agree to pay som		oy 10 /101p you 11/1 out 1		
✓ No			= .	and the second s	
Yes.	Name of person		Attach Bankrupt Signature (Offici	tcy Petition Preparer's Notice, Declaration lal Form 119).	n, anu
★ /s/ Erika Signature	a Shaffer of Debtor 1	RaAnger	~ ×_	iled with this declaration and ature of Debtor 2	
MA	A/DD/YYYY			MM/DD/YYYY	

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Debtor 1	1 Erika		L,	Shaffer	Case number (if known)
	First Name		Middle Name	Last Name	
	ithin 2 years t editors, or otl		bankruptcy, did yo	ou give a financial state	ment to anyone about your business? Include all financial institutions
	No Yes. Fill in t	he details below.			
-	<b></b>			Date Issued	
	Name			MM/DD/YYYY	<u></u>
	Number :	Street		· <b>··</b>	
	City	State	Zip Code		
Part 12	Sign Belo				
a ba	ankruptcy cas	se can result in fine /s/ Erika Shaffer	s up to \$250,000,	or imprisonment for up	perty, or obtaining money or property by fraud in connection with to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Signature of Debtor	10,000		Signature of Debtor 2
		Date 10/18/2016		* *	Date 10/18/2016
Did	you attach a	dditional pages to '	Your Statement of	f Financial Affairs for Inc	lividuals Filing for Bankruptcy (Official Form 107)?
回	No Yes				
Ш		_			nut hand municipal forms 2
Did		gree to pay someon	e who is not an a	ttorney to help you fill o	ut bankruptcy iorms:
	No Yes, Name of	f person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor	Erika	L.	Shaffer	Case number (if
I	First Name	Middle Name	Last Name	known)
art 2:	List Your Unexpired	d Personal Property Leas	es	
or any	unexpired personal protion below. Do not list	operty lease that you listed i	n Schedule G: Executory d leases are leases that	y Contracts and Unexpired Leases (Official Form 106G), fill in the tare still in effect; the lease period has not yet ended. You may I U.S.C. § 365(p)(2).
De	scribe your unexpired p	personal property leases		Will the lease be assumed?
Les	ssor's name:			No ☐ Yes
	scription of leased			
ρ.υ	,55.17.	and the second of		
Les	ssor's name:			☐ No ☐ Yes
	scription of leased operty:			
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			
Les	ssor's name:			☐ No ☐ Yes
	scription of leased operty:			
Le	ssor's name:			No Yes
	scription of leased operty:		in the	
Le	ssor's name:			No Yes
	scription of leased operty:			
Part 3:	Sign Below			
	er penalty of perjury, I operty that is subject to		I my intention about any	y property of my estate that secures a debt and any personal
-	/s/ Erika Shaffer Signature of Debtor 1	Machay	<b>X</b> Sig	ignature of Debtor 1
[	Date 10/18/2016 MM/DD/YYYY	· ·	Da	MM/DD/YYYY

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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Shaffer, Erika L.; Shaffer, Eric	Case No	Case No.			
	Debtor(s)	•				
		Chapter.	Chapter7			
	VERIFICATI	ON OF CREDITOR MAT	TRIX			
TI knowledge	he above named Debtors hereby verify that e.	the attached list of creditors is to	rue and correct to the best of their			
Date:	10/18/2016	/s/ Shaffer, Erika	in Greenman			
		Shaffer, Erika L. Signature of De	btor			
		/s/ Shaffer, Eric				
		Shaffer, Eric Signature of Joi	int Debtor			

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Debtor 1	! Erika	L. Shafter Case number (if known)		wo)		
	First Name	Middle Name	Last Name	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Do n	nployment compensation of enter the amount if you con the Social Security Act. Instead		eceived was a benefit	\$0.00	\$0.00	_
For y	•		\$0.00			
Fory	our spouse		\$0,00			
bene	sion or retirement income. D fit under the Social Security Ac	t,		\$0.00	\$0.00	_
am o payn in ten	ome from all other sources runt. Do not include any benefit nents received as a victim of a national or domestic terrorism. and put the total below.	is received under the So war crime, a crime agair	cial Security Act or st humanity, or			
Total	I amounts from separate pages	i, if any.		+\$0.00	+\$0.00	
11, Ca each	iculate your total current m	onthly income. Add lin	es 2 through 10 for	\$0.00	\$ <u>4,509.49</u>	\$4,509.49
	lumn. Then add the total for C	olumn A to the total for	Column B.			
						Total current monthly income
Part 2:	Determine Whether the	Means Test Applie	es to You			
	culate your current monthly					
12a	Copy your total current month	ly income from line 11.		Сору	line 11 here →	\$4,509.49
	Multiply by 12 (the number o	f months in a year).				X 12
12b.	. The result is your annual inco	me for this part of the fo	orm.		12	\$54,113.88
13 Calc	culate the median family inc	ome that applies to yo				
Fill ir	n the state in which you live.		Illinois			
Fill in	the number of people in your	household.	3			
	n the median family income for sehold.	your state and size of				\$72,429.00
instr	nd a list of applicable median is uctions for this form. This list r	ncome amounts, go on nay also be available at	line using the link specil the bankruptcy clerk's o	fied in the separate ffice.		
	v do the lines compare?					
14a.	Go to Part 3.			x 1. There is no presumption of		
14b.	. Line 12b is more than lin Go to Part 3 and fill out F		je 1, check box 2, The p	presumption of abuse is determine	ined by Form 122A-2.	
Part 3:	Sign Below					
Ву	signing here, I declare under p	enalty of perjury that the	e information on this sta	tement and in any attachments	is true and correct.	
×	/s/ Erika Shaffer	tadpor	<u>~</u>			
	Signature of Debtor 1	- <i>W</i>	,	Signature of Debtor 2		
:	Date 10/18/2016 MM/DD/YYYY	-		Date 10/18/2016 MM/DD/YYYY		
	f you checked line 14a, do NO f you checked line 14b, fill out					